

It's *Your* Benefit

Health insurance and other benefit programs for state and local employees and retirees



Costs in Check for Third Straight Year

Health insurance premium rate increases for the plans participating in the state's Group Health Insurance Programs will average in the single digits for the third year in a row. Rates for the programs, which cover more than 200,000 state and 30,000 local government employees, retirees, and their dependents, will average about 7.4% for state employers and 5.9% for local employers.

The Department considers this very good news for all members and employers. That we are able to provide these rates through innovative cost-containment strategies set in place three years ago, and not by cutting benefits, is a significant achievement.

The strategies, initiated by the Board and the governor and implemented by the Department of Employee Trust Funds, included:

- adopting for state employees a three-tiered structure for premium contributions.
- incorporating quality measures into the health plan negotiation process.
- providing prescription drugs through an innovative, transparent, prescription drug purchasing pool operated by Navitus Health Solutions,

a Pharmacy Benefits Manager (PBM).

Monthly premiums will also decrease by 5% for the approximately 10,200 participants in the State Medicare Plus \$1 Million plan. This is the third year in a row members in this plan have seen a decrease in their premiums. Factors contributing to the decrease include not only favorable prescription drug and medical claims experience, but also the federal subsidy under the new Medicare Part D prescription drug program.

A quick way to find detailed information on your specific health insurance premium rates, participating health plans, prescription drug benefits, and more, is to check the Department's Internet site at <http://etf.wi.gov>. This same information can also be found in the *It's Your Choice* booklet, available in early October.

Notable health plan changes for next year:

- **Prescription drug out-of-pocket maximum increase.** For 2007, there will be a \$20 increase in the annual prescription drug out-of-pocket maximum amount to \$320 per individual and \$640 per family (from 2006 levels of \$300 per indi-

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Dual-Choice Enrollment Period Set

The Dual-Choice health insurance enrollment period for 2007 has been set for October 9-27, 2006. Dual-Choice is for currently insured active employees and retirees who take part in the State of Wisconsin Group Health Insurance Program. It gives participants the opportunity to change from one health plan to another or switch from single to family coverage without a waiting period for pre-existing medical conditions. Changes become effective January 1, 2007. **Even if you are satisfied with your current plan, you should take the time to review any changes to the plan's premium, service area and health care providers.** If you want to remain with your current plan, you do not need to file a health application if your plan is still offered in 2007.

Active employees: If you want to switch plans or change your level of coverage (e.g., single to family) for 2007, you must complete a new health application. Give it to your payroll representative by 4:30 p.m. on October 27.

Retirees: You must submit completed applications to the Department of Employee Trust Funds postmarked no later than October 27. Significant health plan changes will be listed on the first page of the 2007 *It's Your Choice* booklet. You will receive the booklet prior to the beginning of the Dual-Choice enrollment period. **It is especially important that you take the time to ensure that your plan and/or plan service area will be offered in 2007 and review the premium rates.**

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vidual/\$600 per family) for most plans. The Board must periodically raise the prescription drug out-of-pocket amounts in order to keep the overall value of the health insurance benefits of the program consistent with inflation.

- **Security Health Plan now available.** Security Health Plan will be available to employees and annuitants as a health maintenance organization offering Uniform Benefits. Security Health Plan is located in the following counties: Adams, Barron, Chippewa, Clark, Eau Claire, Jackson, Juneau, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Rusk, Taylor, Vilas, and Wood. The plan also has a limited number of providers in other surrounding counties.

- **State Maintenance Plan (SMP) removed from certain counties.** SMP is only available in counties where

there is no qualified tier 1 plan. Therefore, when other health plans like Security Health become available, the SMP is removed from those counties. Subscribers in the counties listed below who have SMP will need to select another plan for 2007:

For current state employees and retired state employees: SMP is no longer available in Clark, Douglas, Langlade, Lincoln, Marathon, Oneida, Polk, Portage, Price, Sawyer, St. Croix, Taylor, Vilas, Washburn, and Wood counties.

For local employees and retirees covered under the Wisconsin Public Employer program: SMP is no longer available in Clark, Langlade, Lincoln, Marathon, Oneida, Portage, Price, Taylor, Vilas, and Wood counties.

Quality Measures Can Aid Health Plan Selection Process

Do you need some help choosing a health plan for next year? Even if you are satisfied with your current plan, it's a good idea to take the time to review the "report card" section (Section E) in your *It's Your Choice* booklet. In it, you'll find valuable information on quality measures that can help you make an informed decision about which plan to choose. These include:

The Consumer Assessment of Health Plans (CAHPS®). The data presented in this section represents the perceptions, opinions, and experiences of state employees and retirees surveyed about the health care services provided by their health plans and their providers during the previous 12 months. New this year:

- Survey participants had the chance to respond via the Internet, and more than 70% of respondents did so.
- More detailed demographic information by health plan about survey responders. Such information can help to explain different scores between health plans. For example, people who have been in their health plan longer tend to rate their health plan more favorably.

Health Plan Employer Data and Information Set (HEDIS®). HEDIS is the most widely used set of performance measures in the managed care industry and is developed and maintained by the National Committee for Quality Assurance (NCQA), a not-

for-profit organization. HEDIS measures are designed to address health care issues that are meaningful to consumers and purchasers. The measures published in the report card present clinical results in a wide variety of preventive care, access to services, and disease management areas such as childhood and adolescent immunizations, well-child visits, prenatal and postpartum care, cancer screenings, treatment of cardiovascular disease, treatment of asthma, and diabetes management.

Grievance and Complaint Tables

There are two charts presented in this section of the report card. The first chart presents statistics on the number of members that filed grievances with their health plan as reported by each health plan. The second chart includes statistics on the number of members that filed formal complaints with the Department of Employee Trust Funds (ETF) and also includes information on ETF complaint trends and resolution outcomes.

Additional information

Page E-6 of the report card presents a summary of HEDIS and CAHPS results in composite form. ETF uses overall quality scores like these during premium rate-setting negotiations with the health plans. In addition, the report card contains references to other sources of quality and safety practice measures of health plans, provider groups, and hospitals.

Medicare Prescription Drug Coverage Update

The enrollment period for Medicare prescription drug coverage (Medicare Part D) is set for November 15 to December 31, 2006. Coverage is effective January 1, 2007. The Department of Employee Trust Funds (ETF) expects that insurers will once again provide the public with a lot of information about various Medicare Part D Prescription Drug Plans (Medicare PDP) they are selling, which can cause a great deal of confusion for many people.

The Group Health Insurance Program covers two types of Medicare beneficiaries — those who retired from jobs with the State of Wisconsin, and those who retired from jobs with a local unit of government (such as a city, town, or other municipality). The available Medicare-related options are different for each group. The following information applies to retirees and others whose Medicare coverage is considered their primary health insurance coverage.

For retired state employees only:

You are **not** required to enroll in a Medicare PDP. Your current prescription drug coverage, administered by Navitus Health Solutions (Navitus), is considered “creditable coverage,” based on guidelines provided by the federal government. Your prescription drug coverage is provided under an arrangement known as the retiree drug subsidy (RDS). ETF and Navitus will automatically enroll you in the RDS program for 2007.

Even though you are not required to enroll in a Medicare PDP, if you do choose to enroll in a Medicare Part D plan, then you are **not** eligible for participation in the RDS program. In addition, certain low-income participants may be automatically enrolled in a Medicare PDP by the federal government. The Medicare Part D plan will pay primary for prescription drug coverage; Navitus will pay secondary coverage on the portion of the claim that is not paid by the Medicare Part D plan. In addition, a Medicare Part D plan may require you to pay a premium as a condition of enrollment. If you are already covered by a separate Medicare Part D plan, be sure to check with that plan to determine if you need to re-enroll for 2007, or if you would like to cancel enrollment in the plan.

For retired local government employees only:

Local retirees covered under the group health insurance program for Wisconsin Public Employers (WPE), and whose Medicare coverage is primary, are enrolled in the DeanCare Rxplan, a Medicare PDP offered by Dean Health Insurance (DHI). DeanCare Rx is your primary prescription drug cov-

erage. Your WPE group health insurance coverage will pay secondary on the portion of the claim that is not paid by Medicare Part D (DeanCare Rx), subject to the \$5/\$15/\$35 copayment. DHI will coordinate your prescription drug benefit so it is virtually seamless and unchanged from your current benefit.

If you are currently covered by DeanCare Rx, there is no need to re-enroll in the program for Medicare Part D in 2007. Conversely, if you haven't enrolled in the DeanCare Rx plan and want to do so, complete a “Medicare Information Form”, available from DHI or print a copy from ETF's Internet site at the following address:

http://etf.wi.gov/news/medicare_d_info.pdf

If you choose to enroll in a Medicare PDP other than DeanCare Rx, DHI will still coordinate your benefits, using your group health insurance coverage

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Additional resources:

DeanCare Rx (Dean Health Insurance)

Phone toll free: 1-888-422-3326

Regular Hours: 7:30 a.m. - 5:00 p.m. CST,
Monday through Thursday; 7:30 a.m. - 4:30
p.m. on Friday.

Prescription Drug Helpline for Medicare beneficiaries

Phone toll free: 1-866-456-8211, Monday
through Friday.

Wisconsin Medigap Helpline

Phone toll free: 1-800-242-1060 (leave message).

Disability Rights Wisconsin

Information and resources for Medicare beneficiaries who receive disability benefits. Phone toll free: 1-800-926-4862, Monday through Friday.

Wisconsin Benefits Specialists Program

To locate your benefits specialist, contact your County Aging Unit or the Department of Health and Family Services-Bureau of Long-Term Care Resources. Phone: 608-266-2536; TTY: 608-267-9880.

Navitus Health Solutions

Phone toll free: 1-866-333-2757

Regular hours: 7:30 a.m. to 9:00 p.m. CST,
Monday through Friday.

Plan Internet Sites Feature Valuable Information

When seeking health care information, remember to check your plan's Internet site. Many of the plans participating in the health insurance program have information specific to our members, in addition to:

- Detailed provider directories. **Note:** Health plans may have multiple networks and directories; make sure you are reviewing the directory for State participants.
- Information about programs available for participants with chronic conditions.
- Member health resources, such as health risk assessments, reference guides and health-related educational opportunities.
- Member materials, such as handbooks, newsletters, dental schedule of benefits (when applicable) and other important benefit information.
- Information on how to get an identification card.

- Information on checking the status of claim payments or how to request referrals and prior authorizations.

Internet site addresses for all of the participating health plans can be found on the inside back cover of the *It's Your Choice* booklet. In addition, links to the plan's Internet sites can be found on the Department's Internet site at <http://etf.wi.gov> (look under "Related Links" and "Health Plans").

Important Note: Some health plans allow members to update personal information such as address and telephone number online. Make sure you report those same changes to your employer (or to ETF if you are a retiree) and complete the appropriate form. This ensures that ETF and Navitus Health Solutions have the latest information on file.

Reminders and Announcements:

January Health Insurance Premiums Collected in December

For retirees who pay for health insurance through deductions from their monthly Wisconsin Retirement System (WRS) annuities: You will first see the new premium amount deducted from your December 1, 2006, annuity payment. Health insurance premiums are collected in advance, so the premium for January 2007 is deducted in December 2006.

Watch for Annual "Student Status and Disabled Dependent" Letter

For subscribers who have dependents age 19 or older (other than spouses): The Department of Employee Trust Funds requires annual verification of student eligibility and disabled dependent eligibility for health insurance through a questionnaire process. Here are some important reminders about that process:

- Questionnaires must be returned to the health plans no later than November 30, 2006. Failure to do so may result in the loss of coverage for your dependent and unpaid claims.
- Notify your employer if your dependent will no longer be eligible for health insurance coverage. Failure to do so may result in loss of insurance continuation rights.

EPIC Update – No Changes for 2007

There will be no changes to monthly premiums for supplemental benefits coverage available from EPIC Insurance Company for 2007. No open enrollment period has been scheduled.

Spectera Vision Open Enrollment—Request Materials by September 30

Open enrollment for Spectera's managed vision care services is set for October 9-November 17. **Employees from participating state agencies, and annuitants currently enrolled will receive 2007 information packets automatically. Annuitants not currently enrolled in the program who want to consider vision care benefits for 2007 can request an information packet.** Write to: Spectera Vision-WI Annuitants, 121 West Wacker Drive, Suite 1400; Chicago, IL 60601; or fax your request to 312-920-9928. Please include your name and address. **Spectera must receive your request no later than September 30, 2006.**

Dental Coverage for Retirees

Many state employees currently have access to DentalBlue payroll deduction plans and, if enrolled while working, can continue coverage at retirement. This same plan at the same cost is now available to all WRS retirees and their dependents. Retirees pay the entire premium annually, in December, for coverage starting January 1. To access DentalBlue Group Dental Coverage information and application forms, go to the Internet site of the Office of State Employment Relations (OSER), <http://oser.state.wi.us> and look under "Quick Links." The site will be updated when 2007 premium information becomes available. Those without Internet access should contact Brian Siegenthaler, DentalBlue, P.O. Box 910, New Glarus, WI 53574; 1-800-992-2255. **If you apply, please identify yourself as a WRS retiree.**

Tips for Traveling with Medications

Are you planning a trip overseas? Will you need to bring along prescription drugs or a non-prescription medication? Here are some tips for traveling safely with medications, courtesy of AARP:

- Subject to any applicable Transportation Security Administration (TSA) policies, pack medications in a carry-on bag or purse. Checked luggage can get lost, and it could become a matter of life and death if your medications are in that lost suitcase.

Note: Due to enhanced security measures, most liquids, gels, lotions and other items of similar consistency will not be permitted in carry-on baggage. These types of items must be packed in your checked baggage. However, up to 5 oz. of liquid or gel low blood sugar treatment, including juice, and up to 4 oz. of non-prescription liquid medication, are permitted. If you have a disability or a medical condition, check the TSA's Internet site, <http://www.tsa.gov>, for a list of specific items permitted in carry-on baggage.

- Carry an extra week's supply in case your plans change.
- Keep your medication in original containers. This will make it easier for customs officials to inspect. And if you have a medical emergency, it's easier to determine what medications you have been taking.
- Some over-the-counter drugs may be considered a controlled substance in other countries. Contact the appropriate embassy before you travel to check whether your medication is acceptable.
- Keep a record of all the medications you take and the condition it treats in case you need medical attention while away from home.
- Travel with your prescription script in case you

need to replace it; have your doctor include the brand and generic version.

- If you take narcotic prescription drugs or travel with needles, ask your doctor to provide a letter explaining the reason why you have these specific items.

Here's another tip: AARP offers a handy reference form, *My Personal Medication Record*, to record all of the medications you are taking, reasons for use, dosage, etc. Print the form from AARP's Internet site or call 1-888-OUR-AARP to request a copy: http://www.aarp.org/health/staying_healthy/prevention/my_personal_medication_record.html

Information and Resources

<http://www.cdc.gov/travel>

The Centers for Disease Control's *Traveler's Health* Internet site contains current information for your travel planning needs, including

- *Security Measures for Air Travel*—a fact sheet and set of frequently asked questions from the TSA.
- Health information for specific destinations and recommended vaccinations.
- Preventive measures to take to protect your health.
- Drug availability notices.

<http://www.tsa.gov>

Check the Transportation Security Administration's Internet site for a full list of prohibited items as well as more detailed information for travelers with medical conditions, disabilities, or medical and assistive devices.

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as secondary coverage to pay any portion of the claim that is not paid by the Medicare Part D plan. Be aware that enrolling in a separate Medicare PDP could cause more paperwork and potentially less coverage for you. You will have to submit your claims directly to DHI for processing. It will not be taken care of automatically for you. If you are currently enrolled in a Medicare PDP other than DeanCare Rx, check with that plan to determine if you need to re-enroll for 2007.

Additional information for all retirees:

- If you are not enrolled in any type of Medicare PDP, then you will be responsible for paying your copayments and coinsurance, plus any amount the Medicare PDP

would have paid, had you enrolled. You may also be subject to a late enrollment penalty from Medicare, should you decide to enroll in a Medicare PDP at a later date.

Please note that if you have family coverage, the prescription drug benefits of any covered dependents who do not have Medicare primary coverage will continue to be administered by Navitus Health Solutions. Throughout the year you may be contacted by various companies offering Medicare PDP choices. Be sure to review these plans carefully. Thoroughly consider all options before making any kind of enrollment decision and if you have any questions, please consult the resources listed on page three.

Enroll in the ERA Program and Save Money!

Open enrollment for state employee Medical Expense and Dependent Day Care Reimbursement Accounts for the 2007 plan year is set for October 9 through November 17. Log on to the ETF Internet site, <http://etf.wi.gov>, and click on the Employee Reimbursement Accounts (ERA) Program enrollment link, or call 1-800-847-8253 and follow the voice prompts. Watch for enrollment materials in early October.

How you can save...

When you participate in the ERA Program, the money you pay for insurance premiums or deposit into your Medical Expense and/or Dependent Day Care Reimbursement Account comes straight out of your gross pay before taxes are calculated. You keep more money in your pocket because you pay less in taxes.

How you can participate...

You must enroll in the program during the fall open enrollment period (October 9-November 17) to participate in 2007.

New this year...

The “grace period” following the end of each plan year is now being extended to both Dependent Care Accounts and Medical Expense Accounts. Effective with the current 2006 plan year, expenses for services provided through March 15, 2007, for both dependent care and medical expense accounts, may be reimbursed with funds remaining from the 2006 plan year. However, any unused amounts from the prior plan year that are not used for expenses incurred by March 15 remain subject to the “use it or lose it” rule and will be forfeited. The deadline for filing both medical expense and dependent care claims incurred during the 2006 plan year, and during the grace period, will be April 15, 2007.

Open Enrollment Dates to Remember

Dual-Choice	October 9-27
ERA	October 9-November 17
Spectera	October 9-November 17

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